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| SERIAL NUMBER 09/511,481 | FILING DATE 02/23/2000 RULE _ | CLASS 623 | | GROUP ART UNIT 3738 | | ATTORNEY DOCKET NO. 97-998 US - DIV. | | |
|--|---|---------------------|--|------------------------|---------------------------------------|--|-----|----------------------------|
| APPLICANTS | | | | | | | | |
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| ** FOREIGN APPLICATIONS ************************************ | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/26/2000 | | | | | | | | |
| Foreign Priority claimed yes no STATE OR | | | | DRAWING CL | | TOT CLA 2 | IMS | INDEPENDENT CLAIMS 1 |
| ADDRESS | | | | | | | | |
| TITLE Expandable intraluminal endoprosthesis | | | | | | | | |
| | | | | All Fees | | | | |
| | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: | | | | ☐ 1.16 Fees (Filing) | | | |
| FILING FEE FEE RECEIVED No. | | | | | 1.17 Fees (Processing Ext. of time) | | | |
| 345 No. | | | | | ☐ 1.18 Fees (Issue) | | | |
| | | | | | Other | | | |
| | | | | | ☐ Credit | | | |